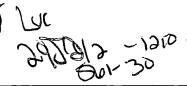
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. NIKAIDO MARMELSTEIN ET AL. METROPOLITAN SQUARE 655 15TH STREET NW (Depositor's name) SUITE 330 - G STREET LOBBY (Signature) WASHINGTON DC 20005-5701 (Date) **TOTAL CLAIMS DATE MAILED** APPLICATION NO. **FILING DATE EXAMINER'AND GROUP ART UNIT** 08/875,603 12/29/97 SPIVACK, 011 1614 10/27/98 First Named LUKAS-LASKEY, 35 USC 154(b) term ext. Applicant TITLE OF USE OF CARBAZOLE dOMPOUNDS FOR THE TREATMENT OF CONGESTIVE HEART INVENTION FAILURE ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE 1210. 1 P1614-7038 514-411.000 K94 UTILITY NO \$<del>1320:08</del> 01/27/9 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Nikaido, Marmelstein, Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form , Murray & Oram LLP member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to XX Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for XX Advance Order - # of Copies 10 filing an assignment. (A) NAME OF ASSIGNEE Boehringer Mannheim Pharmaceuticals Corporation Smith Kline Corporation Limited (B) RESIDENCE: (CITY & STATE OR COUNTRY) Partnership No.1 4b. The following fees or deficiency in these fees should be charged to: 14-1060DEPOSIT ACCOUNT NUMBER. (ENCLOSE AN EXTRA COPY OF THIS FORM) Gaithersburg, Maryland, U.S.A. Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee Advance Order - # of Copies The COMMISSIONER OF PATERY'S AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) Req. No. (Date) TNGUYEN1 00000100 08875603 1/22/99 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark

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